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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4172

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04 MAR 17 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

VNI PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
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JB 3/17/04

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ARTICLES OF ORGANIZATION
FOR
VNI PROPERTIES, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I – Name

The name of the Limited Liability Company is:

VNI PROPERTIES, LLC.

ARTICLE II – Address

The mailing address and street address of the principal office of the Limited Liability Company is: 4101 Sanctuary Lane, Boca Raton, FL 33431.

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ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the registered agent are: Benjamin P. Shenkman, Esq., 2160 West Atlantic Avenue, Second Floor, Delray Beach, Florida 33445

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

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ARTICLE IV – Managing Member

The name and address of the Managing Member is as follows:

VERA IVANOV BENATOVICH
4101 Sanctuary Lane
Boca Raton, FL 33431

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 16th day of March, 2004.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Authorized Representative Signature

Printed Name: Benjamin P. Shenkman

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF Florida.

1. The name of the Limited Liability Company is:

VNI PROPERTIES, LLC

2. The name and the Florida street address of the registered agent are:, BENJAMIN P. SHENKMAN, ESQ., 2160 West Atlantic Avenue, Second Floor, Delray Beach, FL 33445

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

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